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### Download this form before you begin

Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information. Send this form and any attachments to [regservices@casa.gov.au](mailto:regservices@casa.gov.au).

### Purpose of this form

Use this form if you intend to apply for an initial issue, renewal of, or change to a Part 141 Certificate - single instructor.

### Who is this form for?

This form is for an individual or a legal entity, with only a single instructor, who wishes to conduct, renew or make changes to their single instructor flight training certificate.

### Information needed to complete this form

You should review CASR Parts 61, 91, and 141 before completing this form.

Flight training operators conducting training in an aircraft must provide a Drug and Alcohol Management Plan (DAMP). As your organisation employs 10 or less Safety Sensitive Aviation Activity (SSAA) employees, you can access the Micro DAMP. For full details on DAMP's refer to the CASA website.

The application fee is \$1560 for the processing of an initial issue application. Payment for an initial issue application is made by completing the payment authorisation page. Application for a significant change or a subsequent issue of the certificate will be subject to an estimate of costs.

### Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

If you are applying on behalf of an organisation, you will need to have authority to act on the entity's (applicant's) behalf and be able to provide the organisation's ARN.

### Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them prior to lodging this form. You can do this by [changing your details](#) on the CASA website.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

### For more information

Go to the [CASA website](#) or [contact us](#).

## Applicant

### 1 What are the **applicant** details?

Your contact details must be current. Update contact details via [changing your details](#).

Legal entity/full name

ARN

Phone number

Email address

### 2 Is the organisation registered as a company in Australia?

**No** → [Go to 5](#)

**Yes** → [Go to 3](#)

### 3 Do you want your **registered business name** to appear on your certificate(s)?

You can request a registered business name to be included on your certificate. The name must meet the following criteria, otherwise the certificate will be issued with only the name provided in question 1:

- Its registration must be current at the time of issue of the Flight Training Certificate(s); and
- It must be registered only under the name(s) of the proposed Flight Training Certificate holder(s) (as proprietor(s)) at the time of issue of the certificate(s).

**No** → [Go to 5](#)

**Add new** → [Go to 4](#)

**Remove existing** → [Go to 4](#)

### 4 What is the **registered business name**?

Business name

Registration number

 Provide additional pages if required

### 5 What is the purpose of this application?

Initial issue → [Go to 6](#)

Significant change → [Go to 7](#)

Non-significant change → [Go to 14](#)

Renewal → [Go to 23](#)

## Key personnel

**As a single instructor the applicant fulfills the key personnel roles of CEO and HOO**

### 6 Please provide the details

Full name

ARN

Phone number

Email address

 Provide qualifications and experience

## Flight training activities

I am applying for a Part 141 Training Certificate, as applicable to the types of training authorisations I have selected below:

### 7 What are the flight training activities you propose to conduct and the aircraft type the training will be provided in (select all that apply)?

#### Licence training

##### Recreational Pilot licence

Aeroplane

Helicopter

##### Private Pilot licence

Non-integrated - Aeroplane

Non-integrated - Helicopter

##### Commercial Pilot licence

Non-integrated - Aeroplane

Non-integrated - Helicopter

## 7 Continued

### Operational ratings

#### Instrument rating

Aeroplane  
Helicopter

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#### Private Instrument rating

Aeroplane  
Helicopter

---

#### Aerial application rating

Aeroplane  
Helicopter

Select an endorsement below if applicable to your operations.

Firefighting endorsement  
Night endorsement

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#### Night vision imaging system (NVIS) rating

Aeroplane  
Helicopter

---

#### Low-level rating

Aeroplane  
Helicopter

Select an endorsement below if applicable to your operations.

Aerial mustering  
Sling operations  
Winch and rappelling operations

---

#### Night VFR rating

Aeroplane  
Helicopter

---

#### Aircraft class rating

Single-engine aeroplane  
Multi-engine aeroplane  
Single-engine helicopter

*This area has been intentionally left blank*

## 7 Continued

Refer to the following instruments to assist you in completing the type rating section of this form.

[Type Ratings Excluded from Part 142 Flight Training](#)

[Part 61 Flight Crew Licensing \(Prescribed Aircraft and Type Ratings\)](#)

If you propose conducting type rating training, please enter the rating designations for each aircraft type rating:

### Operational ratings

#### Flight Instructor ratings

Aircraft category		Training activity
Aeroplane	Helicopter	Grade 1 training endorsement
Aeroplane	Helicopter	Grade 2 training endorsement
Aeroplane	Helicopter	Grade 3 training endorsement
Aeroplane	Helicopter	Type rating training endorsement
Aeroplane	Helicopter	Class rating training endorsement
Aeroplane	Helicopter	Design feature training endorsement
Aeroplane	Helicopter	Instrument rating training endorsement
Aeroplane	Helicopter	Night VFR rating training endorsement
Aeroplane	Helicopter	Night vision imaging system training endorsement
Aeroplane	Helicopter	Low-level rating training endorsement
Aeroplane	Helicopter	Aerial application rating (day) training endorsement
Aeroplane	Helicopter	Aerial application rating (night) training endorsement
Aeroplane	Helicopter	Instructor rating training endorsement
Aeroplane		Multi-engine aeroplane class rating training endorsement
	Helicopter	Sling operations training endorsement
	Helicopter	Winch and rappelling operations training endorsement
Aeroplane		Spinning training endorsement
Aeroplane	Helicopter	Aerobatics training endorsement

## 7 Continued

Aircraft category		Training activity
Aeroplane		Formation (aeroplane) training endorsement
	Helicopter	Formation (helicopter) training endorsement
Aeroplane		Formation aerobatics training endorsement

### Sim instructor rating

Select at least one of the endorsements below that apply to your training operation.

Aircraft category		Training activity
Aeroplane	Helicopter	Instrument rating training endorsement
Aeroplane	Helicopter	Night vision imaging system training endorsement
Aeroplane	Helicopter	Instructor rating training endorsement

## Other training

Flight training for the purposes of conducting a flight review:

Single Pilot

Differences training for aircraft covered by type ratings as applied for

**8** Will you be using a turbine-engine aircraft?

**No** ➔ [Go to 10](#)

**Yes** ➔ [Go to 9](#)

**9** Is there a **lease** or **financial agreement** for the turbine-engine aircraft?

**No** ➔ [Go to 10](#)

**Yes** Please supply a copy of the lease/financial agreement for each aircraft with this application

**10** Is the address of your **operational headquarters** different to your mailing address?

**No** ➔ [Go to 10](#)

**Yes** Please enter new address below

Unit/number

Street name

Suburb

## 10 Continued

State/territory

Postcode

Country (if not Australia)

**11** Are you intending to add or remove any **training bases** where you propose to or are currently conducting your Flight Training activities?

**Note:** Only required if conducting training for a category of licence, instrument rating, or instructor rating.

**No** ➔ [Go to 12](#)

**Yes** Adding new training base. Please enter the new address below.

**Yes** Removing training base/s. Please enter the address below.

 Provide additional pages if adding or removing multiple training bases

## 11 Continued

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

**12** Are you proposing to make other **significant** changes not covered in questions 3-11?

**No** ➔ **Go to 14**

**Yes** ➔ **Go to 13**

**13** Please list the proposed changes and the pages/sections of the exposition/operations manual affected by the change:

 Provide additional pages if required

**14** Are you making any **non-significant** changes?

**No** ➔ **Go to 17**

**Yes** ➔ **Go to 15**

**15** What **non-significant** changes were made to the operations manual and on **which pages**? If preferred, submission of your updated change register with this form will suffice and completion of the below is not required:

 Provide additional pages if required

**16** Is this a **non-significant** change only application?

**No** ➔ **Go to 17**

**Yes** ➔ **Go to 23**

**17** Do you or any of your nominated personnel have any criminal conviction or finding of guilt, which is less than ten years old, or any juvenile criminal conviction or finding of guilt, which is less than five years old?

Include all motor vehicle traffic-related convictions including those from overseas.

**No**

**Yes**

**18** Is suspension or cancellation action pending in relation to any aviation licence you or any of your nominated personnel hold?

**No**

**Yes**

**19** If you answered **yes** to **any** of questions **17** to **18**, you must provide details below.

Include dates, actions, charges, convictions and imprisonment in Australia and overseas.

Refer to CASR 11.055 and Regulations 6.55 and 6.59 of the Aviation Transport Security Regulations 2005.

 Provide additional pages if required

**20** Do you agree to the publication of details of your flight training certificates on the CASA website?

**No**

**Yes**

If you check 'Yes', your personal information including your name, suburb/town, state/territory and country will be published on CASA's website as part of its Flight Training Operators register located at <https://www.casa.gov.au/search-content/flight-training-organisations>. At any time, you may withdraw such consent by emailing [regservices@casa.gov.au](mailto:regservices@casa.gov.au). If you withdraw your consent your details will be removed from the Flight Training Operators register.

**21** Have you submitted your single instructor sample operations manual (SOM)?

**No**

**Yes**

## Applicant checklist

**22** Select all that apply:

If an initial issue, the required evidence of qualifications and experience for the nominated person relevant to the position are attached.

I have a Drug and Alcohol Management Plan (DAMP) (Aircraft training only)

My completed operations manual is attached.

If operating turbine engine aircraft that have a lease or financial agreement, I have attached a copy for each aircraft

If other, please specify

## Chief Executive Officer declaration

Complete below the written undertaking from the CEO, if CASA issues the certificate, the applicant is capable of and will operate in accordance with its operations manual/exposition and civil aviation legislation.  
Refer to CASR 141.055(2)(f))

### 23 I declare:

- All statements in this application are true and correct.
- As the person identified in question 6, in my capacity as the appointed/proposed applicant's Chief Executive Officer, the applicant will be capable of operating in accordance with its operations manual and civil aviation legislation and will so operate.
- I am authorised to make this application and hold the role indicated below.

I acknowledge by providing my details below and submitting this application:

- This satisfies the requirement for me to sign this application.
- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.

#### Privacy

Any personal information you provide to CASA, as part of this application, is protected by the *Privacy Act 1988*.

We will use the information provided to process this application and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your application.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our [privacy statement](#) and [privacy policy](#).

#### Fees

I accept if this application is withdrawn or refused by CASA, or if CASA is unable to assess this application because I have failed to provide the required information and/or documentation, I am liable to pay CASA fees for work conducted.

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this application in accordance with that policy.

## Declaration continued

Full name

Date (DD/MM/YYYY)

/ /

### Role authority

#### 24 In what capacity are you making this declaration?

CEO

Agent under a Power of Attorney

Other, please specify:

If signing as agent for the CEO, a copy of a Power of Attorney must be provided.

 Provide Power of Attorney

### Submitting this form to CASA



By email – send this form with all supporting documents attached to [regservices@casa.gov.au](mailto:regservices@casa.gov.au)

 [Continue to payment page](#)



## 25 Application fees

Issue of Part 141 certificate - processing and consideration

**Fee Code: 24.6 079.....\$1560**

**Total:**

## 26 Payment options

### OPTION 1 Online payment

### Make a secure payment online >

Online payments are more secure and also enable CASA to process your request faster.  
To make a payment go to [Secure payment gateway](#).  
After making a payment, enter the online receipt number below.

Provide the online receipt number below:

### OPTION 2 Credit card

I hereby authorise the Civil Aviation Safety Authority to **debit** the following amount from:

Mastercard      Visa      Total \$

Card number

Expiry (MM/YY)

/

Cardholder name

Signature

Date (DD/MM/YYYY)

/

/

**Receipt options**    Applicant    **or**    Third party (provide details below)

#### Details of third party

ARN (If applicable)

Email

Legal Entity/ Full name

Phone number